

# IMMUNIZATION PROGRAM PROVIDER CLINIC SITE VISIT TOOL



## COVER SHEET

Office/Provider Site Name: \_\_\_\_\_ Site ID#: \_\_\_\_\_

LHJ: \_\_\_\_\_ Reviewer(s) : \_\_\_\_\_ Today's Review Date: \_\_\_\_\_

Provider address: \_\_\_\_\_ City: \_\_\_\_\_

Site Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Practice:

- ☐ Private    ☐ Tribal Clinic    ☐ Health Dept. Clinic  
☐ Community Migrant / Federally Qualified Hlth Cntr or Rural Hlth Clinic    ☐ Other Public (specify) \_\_\_\_\_

### Specialty Type of Practice:

- ☐ Pediatric    ☐ Family Practice    ☐ Internal Medicine    ☐ Multi-specialty  
☐ Other (specify) \_\_\_\_\_

### Type of Visit Today:

- ☐ Initial VFC Enrollment Visit (*submit coversheet only*)
- VFC/AFIX Visit
- ☐ VFC Review (*submit attached report*)
- ☐ AFIX Assessment (*also submit 2 CASA Reports = Diagnostic Report - 4:3:1:3:3 & Single Antigen Report*)
- ☐ Educational Visit (*submit coversheet only; attach agenda or overview if educational training*)
- ☐ Follow-Up AFIX Assessment Visit (*\*attach any new reports*)
- ☐ Follow-Up VFC Review Visit (*\*attach any new reports*)
- ☐ Other (specify) \_\_\_\_\_

### Previous Review:

Date: \_\_\_\_\_

Type of Visit:    ☐ VFC Review    ☐ AFIX Assessment Visit    ☐ Combined VFC/AFIX Visit  
                         ☐ Other: \_\_\_\_\_

Was Follow-Up Necessary?:    ☐ Yes    ☐ No

# IMMUNIZATION PROGRAM

## REVIEWER PREPARATION FOR SITE VISIT – A CHECKLIST

### Review Past Reports

- Previous Site Visits (Review & Assessment) – what issues were to be addressed by the provider?
- Temperature Logs - Are there questionable temperatures? Were they submitted on time? During the past three months, were the temperatures outside the recommended range? If so, were they above or below? (This info will be needed on question #21.)
- Doses Administered Reports:
  - > Are they being sent to the LHJ by the 5th of each month?
  - > Are all doses accounted for, including all lost/ expired/ wasted vaccine?

**Materials to Bring to the Visit** (Most of these are available from the Distribution Center at no cost or are available through the Immunization Program Website: <http://www.doh.wa.gov/cfh/immunize>.)

- Standards for Pediatric Immunization Practices\* (*booklet, list or website*)
- Most recent Immunization Schedule
- Contraindications For Childhood Immunization (*Pink Book or website*)
- Storage and Handling Guidelines
- Thermometer (quick-recording type)
- Checklist for Current VIS Dates (and copies of any new VIS forms) (*see website for most current list*)
- Administration Techniques (video, chart)
- Vaccine Provider Agreement (if needed for reference)
- Stack of Lifetime Immunization Record cards
- Stack of Vaccine Administration Record sheets
- Stack of Recall cards
- County-specific information
- Other educational materials – videos, books, booklets, pamphlets, charts, etc.
- Previous Site Visits (Review & Assessment)
- Pink Book

If doing an Assessment at this same visit, also bring:

- Previous CASA Reports, if applicable
- Laptop
- Printer and paper &/or usable diskette
- CASA Handbook (or blue 'cheat sheets')
- Other materials you generally take on an Assessment visit

\* Note: A new 'Pediatric Standards' is being revised and will be called the Standards for Child and Adolescent Immunization Practices. It is due for release in August 2003 as an MMWR supplement and AJPM article.

# IMMUNIZATION PROGRAM

## **REVIEWER - ADDITIONAL EDUCATION TIPS**

The CDC requires that all of the items on the Site Visit Tool be addressed. In addition, the following are important focus areas/topics that should be considered in your discussion with your provider(s).

### **Documentation**

Discuss the record-keeping methods used by the provider office to document immunizations.

- How documented in chart? (ideal =Vaccine Administration Record on cover of chart)
- What given to the parent/guardian? (ideal=State Lifetime Immunization Record)

### **Contraindications and Missed Opportunities**

- Are immunizations given when a child comes in for other health services (sports physical, routine exam, etc.)?
- Review Reminder/Recall procedures.
- Does the practice do Perinatal Hep B Screening?
- Give provider a copy of the Contraindications For Childhood Immunization.

### **Availability of Immunization Services**

- Is a physical or well-child exam required prior to administration of vaccine? How far-off are well-child & physical exam appointments scheduled? Are immunization-only appointments available?
- Does the clinic have evening or weekend hours?
- Are culturally appropriate educational materials provided?
- How is VIS information relayed to clients needing alternative formats?

### **Training**

Discuss protocols, vaccine management and distribution, training methods, and other issues. Also, ask if there are any new staff.

- Are up-to-date protocols and information readily accessible to **all** immunization staff?
  - > Immunization schedule
  - > Administration techniques
  - > Contraindications
  - > Adverse events
  - > VAERS
  - > Rash Illness Reporting
- How are staff kept current on immunization issues?
- What training opportunities are provided for immunization staff? Are there in-services?
- What kind of in-service education classes/sessions do staff attend?
- Does the office use videos? Injection Techniques? Ice Champagne and Roses? CDC Downlinks? Others?

*[A Note About Record Retention – Information should be retained for a minimum of 10 yrs following the end of the calendar year in which vaccine is administered or until the child's 21<sup>st</sup> birthday, whichever is longer.]*

# IMMUNIZATION PROGRAM PROVIDER CLINIC SITE VISIT TOOL



## SECTION I. VFC COMPLIANCE

- Does this clinic/practice charge non-Medicaid children a vaccine administration fee?  
☐ Yes      ☐ No      If yes, what is the fee: \$ \_\_\_\_\_
- Is the administration fee equal to or below the State fee cap (\$15.60)?    ☐ Yes      ☐ No
- If a non-Medicaid VFC-eligible patient is unable to pay the administration fee at the time of visit, which of the following actions does the provider take?  
☐ Waives the administration fee  
☐ Vaccinates the child, patient is responsible for payment at a later date (e.g. payment plan)  
☐ Does not vaccinate the child; he/she is referred to a public health department clinic or a FQHC/RHC
- (question does not apply to WA state; skip to question 5)*
- Which of the following vaccines are **NOT** routinely recommended in this clinic/practice?  

<input type="checkbox"/> DTaP	<input type="checkbox"/> Varicella	<input type="checkbox"/> Polio
<input type="checkbox"/> Hib	<input type="checkbox"/> Hepatitis A*	<input type="checkbox"/> Influenza
<input type="checkbox"/> MMR	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Other: _____		

*\*If routinely recommended in the provider's area*
- When does this clinic/practice provide patients with copies of the Vaccine Information Statements (VIS)?  
☐ Every time the patient receives a vaccination  
☐ When the child receives the first dose of vaccine within a particular series (e.g. 1<sup>st</sup> dose of DTaP)  
☐ Never  
☐ Other (specify) \_\_\_\_\_
- Does the clinic/practice give the parent a copy of the VIS to keep?    ☐ Yes      ☐ No
- Please identify the publication date for each of the VIS currently being used in this clinic/practice and then check the appropriate status for each VIS.

VACCINE*	VIS VERSION BEING USED IN THIS CLINIC/PRACTICE			VACCINE*	VIS VERSION BEING USED IN THIS CLINIC/PRACTICE		
	Current	Outdated	None Used		Current	Outdated	Non Used
DTaP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal Conjugate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Td	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*see VIS Current Date List for Reference*

- (Question does not apply to WA; skip to question 10)*

10. When does the clinic/practice screen patients for VFC eligibility?

- ☐ First immunization visit to the office  
☐ Every immunization visit  
☐ Do not screen for VFC eligibility  
☐ Other (specify) \_\_\_\_\_

11. Does the clinic/practice have written procedures for vaccine management? (ask to see a copy)

- ☐ Yes      ☐ No (*if no, skip to question 13*)

12. Do the written procedures for vaccine management include the following (check to see if present):

	Yes	No
Proper vaccine storage and handling	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for vaccine relocation in the event of a power failure or mechanical difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine ordering	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control (e.g. stock rotation)	<input type="checkbox"/>	<input type="checkbox"/>

13. How often is a physical inventory of stored VFC vaccine conducted?

- ☐ Never      ☐ Before placing a vaccine order  
☐ Once a month      ☐ Other (specify) \_\_\_\_\_

14. How often are VFC vaccines ordered?

- ☐ Monthly    ☐ Quarterly    ☐ Bi-Annually    ☐ As Needed    ☐ Other \_\_\_\_\_

15. Does this clinic/practice always notify local/state immunization program when publicly purchased vaccine has expired or been wasted?      ☐ Yes      ☐ No

#### Physical Review of Refrigerator(s) & Freezer(s): Questions 16-34

*(Note: If there is more than one refrigerator or freezer, you may use the Worksheet for Physical Review of Refrigerators & Freezers to assist in completing this section.)*

16. What type of refrigeration unit is used to store your vaccines, including Varicella (if appropriate)?

(check all that apply)

- ☐ Stand-alone freezer  
☐ Stand-alone refrigerator  
☐ Dormitory style refrigerator/freezer  
☐ Combined refrigerator/freezer with separate refrigerator & freezer doors (e.g. household style appliance)  
☐ Combined refrigerator/freezer with a single door

17. Are working thermometers placed in a central area of each refrigerator and freezer?

	Yes	Have thermometer but not placed properly	No thermometer
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What type of thermometer is used by the practice?

	Standard Fluid Filled	Continuous Recording	Min-Max	Dial	Digital	Other (specify)
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How often are refrigerator and freezer temperatures recorded?

	Once a day	Twice a day	Once a week	Other (specify)
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Record the highest and lowest temperatures logged in the last 3 months:

	Lowest	Highest	Log available for last 3 months?	
Refrigerator (identify if °F or °C)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Freezer (identify if °F or °C)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If the lowest and/or highest temperatures are out of the recommended range then go to question 21. If the temperatures are within the recommended guidelines, then go to question 24.**

21. During past 3 months, how many times were the temperatures outside the recommended range?

	Below Guidelines	Above Guidelines
<b>Refrigerator</b> (2-8°C / 35-46°F)		
<b>Freezer</b> (-15°C / 5°F or lower)		

22. When the temperatures were outside the recommended range, what action did the provider take?

(✓ all that apply)

- ☐ Adjusted thermostat in refrigerator/freezer  
☐ Measured temperature with different thermometer to check accuracy of original reading  
☐ Moved vaccine to a different refrigerator/freezer maintained at proper temperature  
☐ Called the vaccine manufacturer to determine the potency of the vaccine  
☐ Called the local/state immunization program for assistance  
☐ Did not do anything

23. Did the provider document the action taken (on the temperature log or elsewhere)?

☐ Yes ☐ No

24. Record the current temperatures.

	Practice's Thermometer	Reviewer's Thermometer
Refrigerator (identify if °F or °C)		
Freezer (identify if °F or °C)		

25. Are current temperatures within the guidelines according to the Reviewer's thermometer? (Refrigerator: 2-8°C / 35-46°F, Freezer: -15°C / 5°F or lower) Please note: if reviewer does not use a thermometer to check the temperature, then refer to the practice's thermometer to answer this question.

	Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Freezer	<input type="checkbox"/>	<input type="checkbox"/>

26. Is food stored with vaccines in the refrigerator and freezer?

	Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Freezer	<input type="checkbox"/>	<input type="checkbox"/>

27. Are vaccines stored in the body of the refrigerator and freezer and not in the doors?

	Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Freezer	<input type="checkbox"/>	<input type="checkbox"/>

28. Is vaccine stacked with air space between stacks & side/back of unit to allow cold air to circulate around the vaccine?

	Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Freezer	<input type="checkbox"/>	<input type="checkbox"/>

29. Are bottles of water placed in the refrigerator and ice packs in the freezer to maintain the internal temperatures of the storage area?

	Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Freezer	<input type="checkbox"/>	<input type="checkbox"/>

30. Is there a "DO NOT DISCONNECT" sign on the refrigerator/freezer outlet?

	Yes	No
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Freezer	<input type="checkbox"/>	<input type="checkbox"/>

31. Is there a "DO NOT DISCONNECT" sign on the circuit breaker? ☐ Yes ☐ No

32. Are short-dated vaccines stored in front and used first, rotating stock effectively? ☐ Yes ☐ No

33. Can the provider show you how privately purchased vaccine is distinguished from public purchased vaccine?

- ☐ Yes  
☐ No, cannot distinguish  
☐ Not applicable, provider does not stock privately purchased vaccine

34. Upon checking the provider's vaccine supply, did you find any unreported wasted or expired vaccine?

- ☐ Yes ☐ No

35. & 36. (Questions 35 & 36 do not apply to WA; skip to question 37)

37. Review a sample of records (at least 10). Do **all** immunization records contain the following documentation?

(✓ one box per item). These categories are required by statute 42 US Code 300aa-25.

Note: You may use the Worksheet for Reviewing a Sample of Records to assist in completing this question.

Required Documentation	Yes	No
Name of vaccine given	<input type="checkbox"/>	<input type="checkbox"/>
Date vaccine was given (month, day & year)	<input type="checkbox"/>	<input type="checkbox"/>
Name of vaccine manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
Lot number	<input type="checkbox"/>	<input type="checkbox"/>
Signature and title of person who gave the vaccine	<input type="checkbox"/>	<input type="checkbox"/>
Address of clinic where vaccine was given	<input type="checkbox"/>	<input type="checkbox"/>
Publication date of VIS	<input type="checkbox"/>	<input type="checkbox"/>
Site (route) of vaccination	<input type="checkbox"/>	<input type="checkbox"/>
Dose in series & dosage	<input type="checkbox"/>	<input type="checkbox"/>

### Answer Questions 38-40 Based On Results Of This Visit.

38. Are corrective actions recommended for this VFC enrolled site? ☐ Yes ☐ No (*If No, go to Section II*)
39. Please indicate which corrective actions regarding vaccine practices were recommended for this VFC enrolled site. (*✓ all that apply and specify problem*)
- ☐ Administrative practices \_\_\_\_\_
- ☐ Vaccine storage and handling \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
40. Please indicate your plan for following-up with the site to ensure recommendations were implemented.
- ☐ Provided technical assistance at time of site visit, no further follow-up is needed
- ☐ Telephone call
- ☐ Site visit
- ☐ Suspended delivery of VFC vaccine until storage/handling problems resolved
- ☐ Other: \_\_\_\_\_

### SECTION II. STANDARDS OF PEDIATRIC IMMUNIZATION PRACTICES

1. Does the clinic/practice have a copy of the following documents?

	Yes	No
<i>Current Recommended Childhood Immunization Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Standards for Pediatric Immunization Practices</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Contraindications for childhood immunization</i>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the clinic/practice simultaneously administer all vaccines for which a child is eligible?
- ☐ Yes ☐ No

3. Is a physical exam required before immunizations are given? ☐ Yes ☐ No

4. Does the clinic/practice routinely immunize when the child has:

	Yes	No
A "cold"	<input type="checkbox"/>	<input type="checkbox"/>
Low grade fever (e.g. 100.4 °F [38 °C] or lower)	<input type="checkbox"/>	<input type="checkbox"/>
Recently been exposed to infectious illness	<input type="checkbox"/>	<input type="checkbox"/>
Mild diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Convalescing from an acute illness	<input type="checkbox"/>	<input type="checkbox"/>

5. Does the clinic/practice have VAERS forms and know how to report to VAERS?
- ☐ Yes ☐ No

6. Who gives immunization injections? (*✓ all that apply*)

☐ MD ☐ NP ☐ PA ☐ RN ☐ LVN ☐ LPN ☐ MA

7. What size needles are generally used for intramuscular injections?

☐ 5/8" (inch) ☐ 1" (inch) ☐ 7/8" (inch) ☐ Depends on age

☐ Other (specify) \_\_\_\_\_

8. Does the clinic/practice pre-fill vaccine syringes? ☐ Yes ☐ No



9. Does the clinic/practice participate in an immunization registry? ☐ Yes ☐ No
10. How does clinic/practice remind patients of their next appointment? (*✓ all that apply*)
- |   |   |
|---|---|
| <input type="checkbox"/> Mail                   | <input type="checkbox"/> Written appointment slip given at last visit       |
| <input type="checkbox"/> Telephone              | <input type="checkbox"/> Does not remind patients of their next appointment |
| <input type="checkbox"/> Verbally at last visit | <input type="checkbox"/> Other _____  |
11. How does clinic/practice contact patients who miss their appointment? (*✓ all that apply*)
- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Mail      | <input type="checkbox"/> Does not contact patients who missed an appointment |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other _____   |
12. How does clinic/practice identify patients if no appointment is made and vaccinations are due/overdue?
- |   |
|---|
| <input type="checkbox"/> Cannot identify patients due/overdue for immunizations |
| <input type="checkbox"/> Immunization registry                                  |
| <input type="checkbox"/> Computer (office based, not connected to a registry)   |
| <input type="checkbox"/> Paper based "tickler" system                           |
| <input type="checkbox"/> Other: _____   |
13. How frequently does this clinic/practice generate recall notices (or phone calls) to patients who are due/overdue for a vaccination?
- |   |
|---|
| <input type="checkbox"/> Weekly   |
| <input type="checkbox"/> Monthly  |
| <input type="checkbox"/> Quarterly  |
| <input type="checkbox"/> No regular schedule  |
| <input type="checkbox"/> Clinic/practice does not distribute recall notices to patients |

**Consult the "REVIEWER - ADDITIONAL EDUCATION TIPS" sheet for important focus areas/topics that should be considered in your discussion with your provider(s).**

### **ADDITIONAL COMMENTS/ RECOMMENDATIONS**

# IMMUNIZATION PROGRAM - PROVIDER CLINIC SITE VISIT TOOL

## Worksheet for Physical Review of Refrigerators & Freezers (for completing Questions 16-34 )

Use this worksheet when there is more than one refrigerator or freezer.

		Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____
16. Type of unit used to store vaccines, including Varicella	Stand-alone freezer										
	Stand-alone refrigerator										
	Dormitory style frig/freezer										
	Combined frig/freezer with separate frig & freezer doors										
	Combined frig/freezer with single door										
17. Working thermometers placed in central area of each frig & freezer	Yes										
	Have thermometer but not placed properly										
	No thermometer										
18. Type of thermometer used by practice	Standard Fluid Filled Continuous										
	Recording										
	Min-Max										
	Dial										
	Digital										
	Other (specify)										
19. How often are frig & freezer temps recorded	1X per day										
	2X per day										
	1X per week										
	Other (specify)										
20. Record highest & lowest temps logged in last 3 mos.	Lowest										
	Highest										
	Log available for last 3 mos. - Yes										
	Log available for last 3 mos. - No										
<b>If the lowest and/or highest temperatures are out of recommended range, go to question 21. If temperatures are within recommended range, go to question 24.</b>											
21. During past 3 months, how many times were temperatures outside the recommended range? <b>Refrigerator</b> (2-8°C / 35-46°F) <b>Freezer</b> (-15°C / 5°F or lower)	Number of times Below Guidelines										
	Number of times Above Guidelines										

		Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____
22. When the temperatures were outside the recommended range, what action did the provider take? (✓ All that apply)	Adjusted thermostat in frig/freezer										
	Measured temp with different thermometer to check accuracy of original reading										
	Moved vaccine to different frig/freezer maintained at proper temp										
	Called vaccine manufacturer to determine potency of vaccine										
	Called local/state immunization program for assistance										
	Did not do anything										
23. Did the provider document the action taken (on the temperature log or elsewhere)?	Yes										
	No										
24. Record the current temperatures.	Practice's Thermometer										
	Reviewer's Thermometer										
25. Are current temps within guidelines according to Reviewer's thermometer? Refrigerator: 2-8°C / 35-46°F Freezer: -15°C / 5°F or lower <i>Note: if reviewer does not use a thermometer to check temps, then refer to practice's thermometer to answer this question.</i>	Yes										
	No										
26. Is food stored with vaccines in the refrigerator and freezer?	Yes										
	No										

		Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____	Frig/ Freezer # _____
27. Are vaccines stored in the body of the refrigerator and freezer and not in the doors?	Yes										
	No										
28. Is vaccine stacked with air space between stacks & side/back of unit to allow cold air to circulate around the vaccine?	Yes										
	No										
29. Are bottles of water placed in the refrigerator and ice packs in the freezer to maintain the internal temperatures of the storage area?	Yes										
	No										
30. Is there a "DO NOT DISCONNECT" sign on the refrigerator/freezer outlet?	Yes										
	No										
31. Is there a "DO NOT DISCONNECT" sign on the circuit breaker?	Yes										
	No										
32. Are short-dated vaccines stored in front and used first, rotating stock effectively?	Yes										
	No										
33. Can the provider show you how privately purchased vaccine is distinguished from public purchased vaccine?	Yes										
	No, cannot distinguish										
	Not applicable, provider does not stock privately purchased vaccine										
34. Upon checking the provider's vaccine supply, did you find any unreported wasted or expired vaccine?	Yes										
	No										

# IMMUNIZATION PROGRAM - PROVIDER CLINIC SITE VISIT TOOL

*Recommended Worksheet for Reviewing a Sample of Records (Question 37)*

## Records

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	
<b>Name of Vaccine Given</b>											<b>Name of Vaccine Given</b>
Date Vaccine Given (month/day/year)											Date Vaccine Given (month/day/year)
<b>Vaccine Manufacturer</b>											<b>Vaccine Manufacturer</b>
<b>Vaccine Lot Number#</b>											<b>Vaccine Lot Number#</b>
<b>Sign./ Initials &amp; Title of Person Gave Vaccine</b>											<b>Sign./ Initials &amp; Title of Person Gave Vaccine</b>
<b>Address of Clinic Site (Y/N)</b>											<b>Address of Clinic Site (Y/N)</b>
<b>Publication Date of VIS</b>											<b>Publication Date of VIS</b>
<b>Site/Route of Vaccination</b>											<b>Site/Route of Vaccination</b>
<b>Dose in Series &amp; Dosage</b>											<b>Dose in Series &amp; Dosage</b>
Optional: Patient Age											Optional: Patient Age
Optional: Up to Date? (Y/N)											Optional: Up to Date? (Y/N)
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	

## Records

**NOTES:**

## Standards of Pediatric Immunization Practice\*

Last updated: 6/6/2003

Found on the CDC website at: <http://www.cdc.gov/od/nvpo/standar.htm>

- Immunization services are **readily available**.
- **No barriers or unnecessary prerequisites** to the receipt of vaccines exist.
- Immunization services are available **free** or for a minimal fee.
- Providers utilize all clinical encounters to **screen** and, when indicated, **immunize** children.
- Providers **educate** parents and guardians about immunization in general terms.
- Providers **question** parents or guardians about **contraindications** and, before immunizing a child, inform them in specific terms about the risks and benefits of the immunizations their child is to receive.
- Providers follow only **true contraindications**.
- Providers administer **simultaneously** all vaccine doses for which a child is eligible at the time of each visit.
- Providers use accurate and complete **recording procedures**.
- Provider(s) **co-schedule** immunization appointments in conjunction with appointments for other child health services.
- Providers **report adverse events** following immunization promptly, accurately, and completely.
- Providers operate a **tracking system**.
- Providers adhere to appropriate procedures for **vaccine management**.
- Providers conduct semi-annual **audits** to assess immunization coverage levels and to review immunization records in the patient populations they serve.
- Providers maintain up-to-date, easily retrievable **medical protocols** at all locations where vaccines are administered.
- Providers operate with **patient-oriented** and **community-based** approaches.
- Vaccines are administered by **properly trained** individuals.
- Providers receive **ongoing education and training** on current immunization recommendations.

\* Note: A new 'Pediatric Standards' is being revised and will be called the Standards for Child and Adolescent Immunization Practices. It is due for release in August 2003 as an MMWR supplement and AJPM article.